

<i>SERFF Tracking Number:</i>	<i>FARM-125648670</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Farmers Insurance Exchange, ...</i>	<i>State Tracking Number:</i>	<i>## \$100</i>
<i>Company Tracking Number:</i>	<i>RIAR080515WCDS</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>R-AR-2008-WC-F</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Companies: Farmers Insurance Exchange, Mid-Century Insurance Company, Truck Insurance Exchange

Product Name: R-AR-2008-WC-F

SERFF Tr Num: FARM-125648670 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: ## \$100

Sub-TOI: 16.0004 Standard WC

Co Tr Num: RIAR080515WCDS

State Status: Fees verified

Filing Type: Rate

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Authors: Oneida Charrett, James

Disposition Date: 05/29/2008

Gebhard, Robert Hill, Mina Villegas,

Kelly Peng, Doris Shi

Date Submitted: 05/27/2008

Disposition Status: Approved

Effective Date Requested (New): 07/01/2008

Effective Date (New): 07/01/2008

Effective Date Requested (Renewal): 07/01/2008

Effective Date (Renewal):

State Filing Description:

Filing fee is wrong. They will be sending a second check for the additional \$50

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Domicile Status Comments:

Reference Organization: NCCI

Reference Number: AR-2008-02

Reference Title:

Advisory Org. Circular: AR-2008-02

Filing Status Changed: 05/29/2008

State Status Changed: 05/29/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We file to adopt the NCCI's 7/1/2008 Loss Costs and miscellaneous values effective July 1, 2008 as well as revise our companies' Loss Cost Multipliers, and we would also like to revise the eligibilities of the companies.

Company and Contact

SERFF Tracking Number:	FARM-125648670	State:	Arkansas
First Filing Company:	Farmers Insurance Exchange, ...	State Tracking Number:	#? \$100
Company Tracking Number:	RIAR080515WCDS		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	R-AR-2008-WC-F		
Project Name/Number:	/		

Filing Contact Information

Robert Hill, Work Comp Staff Actuary 3041 Cochran Street Simi Valley, CA 93065	Robert_C_Hill@farmersinsurance.com (805) 306-6571 [Phone]
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Filing Company Information

Farmers Insurance Exchange 4680 Wilshire Blvd. Los Angeles, CA 90010 (323) 932-3056 ext. [Phone]	CoCode: 21652 Group Code: 212 Group Name: FEIN Number: 95-2575893 -----	State of Domicile: California Company Type: State ID Number:
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Mid-Century Insurance Company 4680 Wilshire Blvd. Los Angeles, CA 90010 (323) 932-3056 ext. [Phone]	CoCode: 21687 Group Code: 212 Group Name: FEIN Number: 95-6016640 -----	State of Domicile: California Company Type: State ID Number:
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Truck Insurance Exchange 4680 Wilshire Blvd. Los Angeles, CA 90010 (323) 932-3056 ext. [Phone]	CoCode: 21709 Group Code: 212 Group Name: FEIN Number: 95-2575892 -----	State of Domicile: California Company Type: State ID Number:
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Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmers Insurance Exchange	\$0.00	05/27/2008	
Mid-Century Insurance Company	\$0.00	05/27/2008	
Truck Insurance Exchange	\$0.00	05/27/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
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3010721897	\$50.00	05/27/2008	

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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	R-AR-2008-WC-F		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	05/29/2008	05/29/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	05/28/2008	05/28/2008	Doris Shi	05/28/2008	05/28/2008
Industry						
Response						

SERFF Tracking Number:	FARM-125648670	State:	Arkansas
First Filing Company:	Farmers Insurance Exchange, ...	State Tracking Number:	#? \$100
Company Tracking Number:	RIAR080515WCDS		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	R-AR-2008-WC-F		
Project Name/Number:	/		

Disposition

Disposition Date: 05/29/2008
Effective Date (New): 07/01/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: FARM-125648670 State: Arkansas

First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: #? \$100

Company Tracking Number: RIAR080515WCDS

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: R-AR-2008-WC-F

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Manual Pages	Approved	No
Rate	FIG Commercial Manual	Approved	Yes

SERFF Tracking Number: FARM-125648670 State: Arkansas
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Company Tracking Number: RIAR080515WCDS
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: R-AR-2008-WC-F
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/28/2008
Submitted Date 05/28/2008
Respond By Date
Dear Robert Hill,

Objection 1

- FIG Commercial Manual (Rate)
- Manual Pages (Supporting Document)

Comment: You have not requested that this component be marked confidential. In the document it states that it is confidential. Do you wish to request it to be confidential? FYI-for future filings--in our views of filings, it is easy to miss marking a component as confidential. Especially if the filing has many components. If you put the word "CONFIDENTIAL" in the name of the document, then we are less likely to make this error!

Objection 2

No Objections

Comment: The filing fee of \$50 is not correct. The correct fee for a loss cost filing with a change to loss cost multiplier is \$100. Please send an additional \$50.

Please feel free to contact me if you have questions.
Sincerely,
Carol Stiffler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/28/2008
Submitted Date 05/28/2008

Dear Carol Stiffler,

Comments:

Response 1

SERFF Tracking Number: FARM-125648670 State: Arkansas
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Company Tracking Number: RIAR080515WCDS
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: R-AR-2008-WC-F
Project Name/Number: /

Comments: Dear Carol Stiffler:

1. We wish to request the componet, Manual Pages (Supporting Document) and FIG Commercial Manual Page #2405-2438, to be confidential. Thank you very much.

2. We are going to send an additional \$50 soon.

Sincerely,

Robert Hill

Related Objection 1

Applies To:

- FIG Commercial Manual (Rate)
- Manual Pages (Supporting Document)

Comment:

You have not requested that this component be marked confidential. In the document it states that it is confidential. Do you wish to request it to be confidential? FYI-for future filings--in our views of filings, it is easy to miss marking a component as confidential. Especially if the filing has many components. If you put the word "CONFIDENTIAL" in the name of the document, then we are less likely to make this error!

Related Objection 2

Comment:

The filing fee of \$50 is not correct. The correct fee for a loss cost filing with a change to loss cost multiplier is \$100. Please send an additional \$50.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Doris Shi, James Gebhard, Kelly Peng, Mina Villegas, Oneida Charrett, Robert Hill

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<i>Product Name:</i>	<i>R-AR-2008-WC-F</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

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Company Tracking Number:	RIAR080515WCDS		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	R-AR-2008-WC-F		
Project Name/Number:	/		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	FIG Commercial Manual	Page #2405 - 2438	Replacement	ARC2401.pdf

COMMERCIAL LINES MANUAL

ARKANSAS

CHECKING SLIP

SECTION: WORKERS' COMPENSATION

Pages 2405 and 2435-2438 are revised.

EFFECTIVE DATE:

NEW BUSINESS AND RENEWALS: July 1, 2008

OUTSTANDING POLICIES: NONE

SUMMARY OF CHANGES

1. Rates are revised for new business and renewals.
2. Three Company Placement – Mid-Century threshold is revised from \$15,000 to \$10,000 and the Truck threshold from \$5,000 to \$2,500.
3. The fixed amount of remuneration for Co-partners, Sole Proprietors and Members of Limited Liability is revised.
4. The maximum amount of remuneration for Executive Officers is revised.
5. Indemnity and Medical Benefits Optional Deductibles Premium Reduction Percentages are revised.

DO NOT DESTROY ANY OTHER PAGES OF YOUR MANUAL

CONFIDENTIAL INFORMATION - TRADE SECRETS

Farmers Agents and the Company have a vital interest in protecting information used by Agents in conducting their business. This includes Underwriting Manuals and Guidelines, and documents and information about policyholders that is contained in their files.

THIS INFORMATION IS CONFIDENTIAL!

Agents and their employees are expected to keep such confidential information secure from outside visitors. Under no circumstances is confidential information to be generally released to regulatory bodies, the press and/or the public at large. Anyone claiming a legitimate reason to use such information must do so as required by law or judicial process.

A. Arkansas – Selected Industry Business Strategy

Farmers has identified nine (9) Selected Industry Groups where we have established a history of excellent results. These industries identified and explained on the Agency Dashboard. The Workers' Compensation Home Page provides a complete picture of Farmers Workers' Compensation markets and strategy for Arkansas.

Selected Industry Groups

Food Service
Retailers
Service Providers

Automotive
Artisan Contractors
Wholesalers/Distributors

Printers
Light Manufacturing
Hotel/Motel

Check the Agency Dashboard for detail explanation concerning the Selected Industries Underwriting Guidelines, Profiles, and Descriptions of Operations.

Arkansas Workers' Compensation Three Company Marketing Program

1. Mid-Century Insurance Company (Ultra Preferred Rating Program/Participating)

The Mid-Century Insurance Company was developed to write ultra-preferred accounts which fall into specific classifications that support our Selected Industry Groups.

Eligibility Requirements:

- ★ a. Policies must develop an unmodified annual premium of \$10,000 or more.
- b. Underwriting grade 5 classes are ineligible as a governing class.
- c. At least three years in business with employees and continuous coverage (no lapse).
- d. Three full years of currently valued loss runs must be submitted with new business applications.
- e. New business, renewals, and requests for quote submissions must be accompanied by a completed Supplemental Application except for those submitted through eCLS.

If the risk does not meet all of the above criteria or the exposure change during the policy term, making a policy unacceptable for this program, the account may be considered for coverage in either the Truck Insurance Exchange or Farmers Insurance Exchange.

2. Truck Insurance Exchange (Preferred Rating Program/Participating)

The Truck Insurance Exchange was developed for placement of low-severity risks which are of preferred quality and for the *SimpleComp*sm program policies.

Eligibility Requirements:

- ★ a. Policies must develop unmodified annual premium of \$2,500 or more (except for *SimpleComp*sm Program applications).
- b. Underwriting grade 5 classes are ineligible as a governing class.
- c. At least two years or more in business with employees (except for *SimpleComp*sm Program applications).
- d. At least two full years of currently valued loss runs must be submitted with a new business application.
- e. New business, renewals, and requests for quote submissions must be accompanied by a completed Supplemental Application except for those submitted through eCLS (except for *SimpleComp*sm Program applications).
- f. In order for current renewals to qualify for the *SimpleComp*sm Program, a *SimpleComp*sm Program application must be submitted thru eCLS.

If the risk does not meet all of the criteria or the exposure change during the policy term, making a policy ineligible for this program, the account will be considered for coverage in the Farmers Insurance Exchange.

3. Farmers Insurance Exchange (Standard Rating Program/Non-Participating)

Farmers Insurance Exchange is used to write those policies that do not qualify for Mid-Century Insurance Company or Truck Insurance Exchange but that are otherwise acceptable for coverage.

Eligibility Requirements:

- a. Policies must develop unmodified annual premium of \$500. An exception is allowed for policies that are written on Farmers Agents.
- b. Underwriting grade 5 classes are eligible on an incidental basis only and must be submitted for approval.
- c. New business, renewals, and requests for quote submissions must be accompanied by a completed Supplemental Application except for those submitted through eCLS.
- d. At least one full year of currently valued loss runs must be submitted with new business applications with the exception of acceptable "new in business" submissions in our selected industries.

The premium used to determine if a policy meets the premium threshold for Three Company Marketing is the unmodified premium. Unmodified premium is the premium developed before application of experience rating or any other premium adjustment (including schedule rating).

General Provisions of the Arkansas Workers' Compensation Law

All employments in which 3 or more employees are regularly employed by the same employer are covered by the Arkansas Workers' Compensation Act, **except** Domestic servants, agricultural farm labor, institutions maintained and operated wholly as public charities, the state of Arkansas and each of the political subdivisions thereof, any person engaged in the vending, selling or offering for sale, or delivery directly to the general public, any newspapers, magazines or periodicals, or acting as sales agent or distributor as an independent contractor of or for any such newspaper, magazine or periodical.

The Law includes employments in which 2 or more employees are employed by any person engaged in building or building repair work, and every employment in which 1 or more employees is employed by a contractor who subcontracts any part of his contract, or a subcontractor who employs one or more employees.

Every employer coming under the Law must either secure compensation insurance from an insurance carrier, or obtain permission from the Industrial Commission to become a self-insurer.

Any officer of a corporation may exclude himself from coverage or waive his right to coverage or compensation, **but** if the exclusion from coverage reduces the number of employees of the business to less than three (3), the employer shall **continue** to provide Workers' Compensation coverage for such employees.

Those employments not automatically under the Law, such as farming, may come under the Law by taking out workers' compensation insurance.

The following persons may elect coverage under the Law:

1. Individual named insureds who devote full time to proprietorship.
2. Co-partners who devote full time to partnership.

Compensation payments to the injured employee are made in accordance with the Arkansas Workers' Compensation Law.

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Rules for Risks Involving Individual Named Insureds, Relatives, Co-Partners, Corporate (Executive) Officers, Part-Time Employees, Minors and Members of Limited Liability Companies.

1. Individual named insureds are not eligible to be written on a Workers' Compensation policy.
2. Relatives acting as employees are covered, but for the risk to be eligible, there must be at least one other full time employee for each relative covered under the policy.
3. Co-partners who elect to be covered are eligible, if there is at least one other full time employee for each co-partner covered under the policy.
4. Executive officers are employees and are covered, but for the risk to be eligible, there must be at least one other full time employee for each corporate officer covered in the policy.
5. Part-time Employees.
Risks eligible for a Mercantile Sentinel, a Special Sentinel, or a Farm and Ranch Sentinel are not required to have one full time employee for each part-time employee. All other risks must have one full time employee for each part-time employee.
6. Minors acting as employees are covered under the Law.
7. Members of limited liability companies are employees.

The limited liability company is a new kind of business entity. It combines the advantages of corporate limited liability and partnership tax structure. Persons who are 10% or more owners of limited liability companies are called "members". For Workers' Compensation rating purposes, members are treated the same as partners, that is they carry the same payroll minimums and maximums and are classified by the type of work performed. A member may elect not to be covered. Members electing to be covered must be named in the policy. Additionally there must be one full time employee for each member covered.

Payroll Reporting on Relatives, Co-Partners, Corporation Officers

Relatives – Actual payroll per year must be reported.

Co-partners – Refer to rate pages for amount of remuneration

Corporate officers – Actual payroll per year must be reported subject to minimum and maximum amounts. Refer to rate pages for these minimums and maximums.

**★C. RATES, RATING VALUES AND SPECIAL ARKANSAS CLASSIFICATION
EXCEPTIONS
COMPENSATION & EMPLOYERS' LIABILITY RATES
LEGEND**

(a) Rate for each individual risk must be obtained by Policywriting Office from Board or Bureau having jurisdiction.

D. Refer to NCCI Manual for rating.

F. Coverage under U.S.L. & H.A.

P. Per Capita.

X. Refer to special classification phraseology in these pages, which is applicable to this state.

Code No.	MDC Rate	TIE Rate	FIE Rate	Min. Prem.	Code No.	MDC Rate	TIE Rate	FIE Rate	Min. Prem.	Code No.	MDC Rate	TIE Rate	FIE Rate	Min. Prem.
0005	5.61	6.24	7.20	750	1852D	2.17	2.41	2.78	536	2534	1.88	2.09	2.41	486
0008	2.28	2.54	2.93	556	1853	2.02	2.25	2.60	511	2570	4.32	4.81	5.55	750
0016	4.91	5.47	6.31	750	1860	1.71	1.90	2.19	456	2585	2.70	3.01	3.47	628
0034	3.77	4.20	4.84	750	1924	3.70	4.12	4.75	750	2586	1.16	1.29	1.48	360
0035	2.25	2.51	2.89	550	1925	2.56	2.85	3.28	603	2587	2.53	2.81	3.25	598
0036	3.58	3.99	4.60	750	2001	2.08	2.32	2.67	521	2589	1.26	1.40	1.61	378
0037	4.05	4.50	5.19	750	2002	2.62	2.91	3.36	613	2600	5.58	6.21	7.16	750
0042	5.58	6.21	7.16	750	2003	2.95	3.28	3.78	671	2623	2.46	2.73	3.15	586
0050	4.54	5.05	5.82	750	2014	5.55	6.17	7.12	750	2651	2.30	2.56	2.95	558
0059D	0.26	0.29	0.33	205	2016	1.73	1.93	2.23	461	2660	1.27	1.42	1.63	380
0065D	0.04	0.05	0.06	168	2021	2.90	3.23	3.73	663	2670	2.01	2.24	2.58	508
0066D	0.04	0.05	0.06	168	2039	3.89	4.33	4.99	750	2683	1.72	1.91	2.21	458
0067D	0.04	0.05	0.06	168	2041	3.73	4.15	4.79	750	2688	2.66	2.96	3.41	621
0079	3.70	4.12	4.75	750	2065	1.40	1.56	1.80	403	2701	6.46	7.19	8.29	750
0083	8.53	9.49	10.94	750	2070	4.77	5.31	6.12	750	2702X	26.34	29.31	33.82	750
0106	9.97	11.10	12.80	750	2081	3.37	3.75	4.32	743	2710	7.67	8.54	9.85	750
0113	5.00	5.56	6.42	750	2089	2.21	2.46	2.84	543	2714	3.64	4.05	4.67	750
0170	2.15	2.40	2.76	533	2095	2.38	2.65	3.06	573	2719X	9.67	10.76	12.41	750
0251	4.41	4.90	5.66	750	2105	2.12	2.36	2.73	528	2731	3.24	3.60	4.16	721
0400	7.05	7.85	9.05	750	2110	1.86	2.07	2.39	483	2735	2.27	2.52	2.91	553
0401	9.62	10.71	12.35	750	2111	2.20	2.44	2.82	541	2759	7.38	8.22	9.48	750
0771	0.26	0.29	0.33	-	2112	2.37	2.64	3.04	571	2790	1.36	1.51	1.74	395
0908P	124.27	138.29	159.53	320	2114	2.34	2.60	3.01	566	2802	4.60	5.11	5.90	750
0913P	306.34	340.90	393.26	553	2121	1.95	2.17	2.50	498	2812	3.22	3.59	4.14	718
0917	3.42	3.81	4.40	750	2130	2.44	2.72	3.13	583	2835	1.40	1.56	1.80	403
1005	9.64	10.73	12.37	750	2131	1.65	1.83	2.11	445	2836	1.97	2.19	2.52	501
1016X	35.97	40.02	46.17	750	2143	1.91	2.12	2.45	491	2841	3.25	3.62	4.17	723
1164	6.23	6.93	8.00	750	2157	3.54	3.94	4.54	750	2881	2.20	2.44	2.82	541
1165	4.10	4.57	5.27	750	2172	1.37	1.53	1.76	398	2883	3.57	3.97	4.58	750
1320	2.56	2.85	3.28	603	2174	2.56	2.85	3.28	603	2913	3.57	3.97	4.58	750
1322	13.73	15.28	17.62	750	2211	4.78	5.32	6.14	750	2915	3.71	4.13	4.77	750
1430	3.79	4.21	4.86	750	2220	1.71	1.90	2.19	456	2916	2.04	2.27	2.62	513
1438	2.12	2.36	2.73	528	2286	1.24	1.38	1.60	375	2923	2.10	2.33	2.69	523
1452	1.47	1.64	1.89	415	2288	3.53	3.92	4.53	750	2942	2.05	2.28	2.63	516
1463	10.17	11.32	13.06	750	2300	1.86	2.07	2.39	483	2960	2.82	3.14	3.62	648
1472	3.54	3.94	4.54	750	2302	1.49	1.66	1.91	418	3004	2.40	2.67	3.08	576
1624	6.63	7.38	8.51	750	2305	1.86	2.07	2.39	483	3018	2.24	2.49	2.88	548
1642	3.57	3.97	4.58	750	2361	1.05	1.17	1.35	343	3022	2.77	3.09	3.56	641
1654	5.48	6.09	7.03	750	2362	1.53	1.70	1.97	425	3027	2.34	2.60	3.01	566
1655	4.32	4.81	5.55	750	2380	3.94	4.39	5.06	750	3028	2.02	2.25	2.60	511
1699	1.75	1.95	2.24	463	2386	0.98	1.09	1.26	330	3030	3.51	3.91	4.51	750
1701	2.70	3.01	3.47	628	2388	1.68	1.87	2.15	450	3040	3.25	3.62	4.17	723
1710	5.35	5.95	6.86	750	2402	1.88	2.09	2.41	486	3041	2.90	3.23	3.73	663
1741	1.62	1.80	2.08	440	2413	1.47	1.64	1.89	415	3042	2.77	3.09	3.56	641
1745X	2.62	2.91	3.36	613	2416	1.46	1.62	1.87	413	3064	4.02	4.47	5.16	750
1747	2.28	2.54	2.93	556	2417	1.37	1.53	1.76	398	3069	6.89	7.67	8.85	750
1748	6.52	7.25	8.37	750	2501	1.18	1.32	1.52	365	3076	2.59	2.88	3.32	608
1803D	4.68	5.21	6.01	750	2503	1.17	1.30	1.50	363	3081D	2.51	2.80	3.23	596

★ARKANSAS RATES

Code No.	MDC Rate	TIE Rate	FIE Rate	Min. Prem.	Code No.	MDC Rate	TIE Rate	FIE Rate	Min. Prem.	Code No.	MDC Rate	TIE Rate	FIE Rate	Min. Prem.
3082D	3.40	3.78	4.36	748	3647	2.93	3.26	3.77	668	4360	0.79	0.88	1.02	298
3085D	2.83	3.15	3.64	651	3648	1.88	2.09	2.41	486	4361	1.16	1.29	1.48	360
3110	2.49	2.77	3.19	591	3681	1.36	1.51	1.74	395	4362	1.01	1.13	1.30	335
3111	2.60	2.89	3.34	611	3685	1.56	1.74	2.00	430	4410	2.80	3.12	3.60	646
3113	2.05	2.28	2.63	516	3719	2.28	2.54	2.93	556	4420	3.38	3.76	4.34	746
3114	2.28	2.54	2.93	556	3724	5.94	6.61	7.62	750	4431	1.30	1.45	1.67	385
3118	1.05	1.17	1.35	343	3726	2.64	2.94	3.39	618	4432	1.40	1.56	1.80	403
3119	0.95	1.06	1.22	325	3803	1.66	1.85	2.13	448	4439	1.47	1.64	1.89	415
3122	1.31	1.46	1.69	388	3807	1.84	2.04	2.36	478	4452	2.85	3.17	3.65	653
3126	1.50	1.67	1.93	420	3808	2.40	2.67	3.08	576	4459	1.63	1.82	2.10	443
3131	0.91	1.01	1.17	318	3821	3.61	4.02	4.64	750	4470	2.08	2.32	2.67	521
3132	2.15	2.40	2.76	533	3822	3.16	3.52	4.06	708	4484	1.82	2.03	2.34	476
3145	2.08	2.32	2.67	521	3824	4.23	4.71	5.44	750	4493	2.21	2.46	2.84	543
3146	2.40	2.67	3.08	576	3826	0.77	0.85	0.98	293	4511	0.65	0.72	0.83	273
3169	2.14	2.38	2.75	531	3827	1.37	1.53	1.76	398	4557	1.49	1.66	1.91	418
3175D	2.49	2.77	3.19	591	3830	0.98	1.09	1.26	330	4558	1.45	1.61	1.86	410
3179	2.10	2.33	2.69	523	3851	2.31	2.57	2.97	561	4561	1.73	1.93	2.23	461
3180	1.56	1.74	2.00	430	3865	1.11	1.24	1.43	353	4568	2.27	2.52	2.91	553
3188	1.33	1.48	1.71	390	3881	3.08	3.43	3.95	693	4581	1.52	1.69	1.95	423
3220	1.65	1.83	2.11	445	4000	6.31	7.03	8.11	750	4583	4.64	5.16	5.95	750
3223	2.62	2.91	3.36	613	4021	5.17	5.76	6.64	750	4611	0.84	0.93	1.08	305
3224	2.14	2.38	2.75	531	4024	1.94	2.15	2.49	496	4635	4.32	4.81	5.55	750
3227	1.59	1.77	2.04	435	4034	6.07	6.75	7.79	750	4653	1.13	1.25	1.45	355
3240	2.64	2.94	3.39	618	4036	2.20	2.44	2.82	541	4665	5.85	6.51	7.51	750
3241	2.46	2.73	3.15	586	4038	1.89	2.11	2.43	488	4670	3.35	3.73	4.30	741
3255	2.04	2.27	2.62	513	4053	3.01	3.34	3.86	681	4683	4.28	4.76	5.49	750
3257	2.98	3.31	3.82	676	4061	3.70	4.12	4.75	750	4686	1.11	1.24	1.43	353
3270	2.82	3.14	3.62	648	4062	2.01	2.24	2.58	508	4692	0.42	0.47	0.54	233
3300	3.90	4.34	5.01	750	4101	1.75	1.95	2.24	463	4693	0.81	0.90	1.04	300
3303	3.34	3.71	4.29	738	4111	2.67	2.97	3.43	623	4703	2.11	2.35	2.71	526
3307	2.93	3.26	3.77	668	4112	0.82	0.92	1.06	303	4717	1.56	1.74	2.00	430
3315	2.30	2.56	2.95	558	4113	1.16	1.29	1.48	360	4720	4.57	5.08	5.86	750
3334	1.86	2.07	2.39	483	4114	1.94	2.15	2.49	496	4740	1.34	1.50	1.73	393
3336	1.92	2.14	2.47	493	4130	3.97	4.42	5.10	750	4741	1.53	1.70	1.97	425
3365	8.93	9.94	11.46	750	4131	2.12	2.36	2.73	528	4751	1.30	1.45	1.67	385
3372	2.49	2.77	3.19	591	4133	2.10	2.33	2.69	523	4771	1.49	1.66	1.91	463
3373	2.53	2.81	3.25	598	4150	1.46	1.62	1.87	413	4777	1.52	1.69	1.95	423
3383	0.94	1.05	1.21	323	4206	3.21	3.57	4.12	716	4825	0.78	0.87	1.00	295
3385	0.77	0.85	0.98	293	4207	0.88	0.98	1.13	313	4828	1.46	1.62	1.87	413
3400	2.37	2.64	3.04	571	4239	1.11	1.24	1.43	353	4829	1.05	1.17	1.35	343
3507	2.70	3.01	3.47	628	4240	2.15	2.40	2.76	533	4902	1.17	1.30	1.50	363
3515	1.91	2.12	2.45	491	4243	1.46	1.62	1.87	413	4923	0.97	1.08	1.24	328
3548	1.18	1.32	1.52	365	4244	2.59	2.88	3.32	608	5020	6.43	7.16	8.25	750
3559	2.27	2.52	2.91	553	4250	1.30	1.45	1.67	385	5022	4.62	5.15	5.94	750
3574	0.98	1.09	1.26	330	4251	1.55	1.72	1.98	428	5037	18.13	20.18	23.28	750
3581	1.26	1.40	1.61	378	4263	1.92	2.14	2.47	493	5040	24.32	27.06	31.22	750
3612	1.92	2.14	2.47	493	4273	1.68	1.87	2.15	450	5057	17.40	19.36	22.33	750
3620	5.07	5.64	6.51	750	4279	1.58	1.75	2.02	433	5059	20.66	22.99	26.53	750
3629	1.71	1.90	2.19	456	4282	1.85	2.06	2.37	481	5069	26.10	29.04	33.50	750
3632	3.50	3.89	4.49	750	4283	1.72	1.91	2.21	458	5102	3.83	4.26	4.92	750
3634	1.49	1.66	1.91	418	4299	1.53	1.70	1.97	425	5146	4.68	5.21	6.01	750
3635	1.81	2.01	2.32	473	4304	2.41	2.69	3.10	578	5160	3.31	3.68	4.25	733
3638	1.29	1.43	1.65	383	4307	1.92	2.14	2.47	493	5183	3.28	3.65	4.21	728
3642	0.74	0.82	0.95	288	4351	1.00	1.11	1.28	333	5188	4.19	4.66	5.38	750
3643	2.59	2.88	3.32	608	4352	0.88	0.98	1.13	313	5190	3.01	3.34	3.86	681

★ARKANSAS RATES

Code No.	MDC Rate	TIE Rate	FIE Rate	Min. Prem.	Code No.	MDC Rate	TIE Rate	FIE Rate	Min. Prem.	Code No.	MDC Rate	TIE Rate	FIE Rate	Min. Prem.
5191X	1.73	1.93	2.23	461	6251D	7.44	8.28	9.55	750	7350F	18.38	20.45	23.60	750
5192	3.74	4.16	4.80	750	6252D	5.56	6.19	7.14	750	7360	6.59	7.33	8.46	750
5213	6.60	7.35	8.48	750	6260D	4.91	5.47	6.31	750	7370	4.65	5.18	5.97	750
5215	3.94	4.39	5.06	750	6306	5.29	5.89	6.79	750	7380X	3.21	3.57	4.12	716
5221	4.86	5.40	6.23	750	6319	5.16	5.74	6.62	750	7382	2.64	2.94	3.39	618
5222	11.21	12.48	14.39	750	6325	4.31	4.79	5.53	750	7390	3.42	3.81	4.40	750
5223	4.94	5.50	6.34	750	6400	6.46	7.19	8.29	750	7394	10.38	11.55	13.32	750
5348	3.83	4.26	4.92	750	6504	2.23	2.48	2.86	546	7395	11.53	12.83	14.80	750
5402	4.25	4.73	5.45	750	6702	7.17	7.98	9.20	750	7398	18.58	20.68	23.86	750
5403	8.79	9.78	11.28	750	6703	12.82	14.26	16.45	750	7403	2.75	3.06	3.52	636
5437	4.16	4.63	5.34	750	6704	7.96	8.86	10.22	750	7405	1.08	1.21	1.39	448
5443	3.77	4.20	4.84	750	6801F	10.92	12.16	14.02	750	7420X	23.78	26.47	30.53	750
5445	4.73	5.26	6.07	750	6811	4.80	5.34	6.16	750	7421	2.51	2.80	3.23	596
5462	4.99	5.55	6.40	750	6824F	31.46	35.01	40.38	750	7422	2.12	2.36	2.73	528
5472	4.54	5.05	5.82	750	6826F	12.07	13.43	15.49	750	7425	3.93	4.37	5.05	750
5473	6.21	6.91	7.98	750	6834	3.40	3.78	4.36	748	7431	1.60	1.78	2.06	588
5474	6.82	7.59	8.76	750	6836	5.53	6.16	7.10	750	7445	0.58	0.64	0.74	-
5478	4.15	4.61	5.32	750	6843F	14.05	15.63	18.03	750	7453	0.87	0.96	1.11	-
5479	7.34	8.17	9.42	750	6845F	21.31	23.72	27.36	750	7502	2.36	2.62	3.02	568
5480	7.43	8.27	9.53	750	6854	4.80	5.34	6.16	750	7515	1.01	1.13	1.30	335
5491	1.92	2.14	2.47	493	6872F	18.31	20.37	23.50	750	7520	2.14	2.38	2.75	531
5506	3.47	3.86	4.45	750	6874F	37.45	41.68	48.08	750	7538	9.58	10.66	12.30	750
5507	5.22	5.80	6.70	750	6882	4.80	5.34	6.16	750	7539	4.10	4.57	5.27	750
5508D	8.80	9.79	11.30	750	6884	10.84	12.06	13.91	750	7540	2.69	2.99	3.45	626
5535	6.89	7.67	8.85	750	7016	4.26	4.74	5.47	750	7580	1.78	1.98	2.28	468
5537	4.55	5.07	5.84	750	7024	4.74	5.27	6.08	750	7590	4.91	5.47	6.31	750
5551	13.24	14.73	16.99	750	7038	5.38	5.98	6.90	750	7600	2.47	2.75	3.17	588
5606	1.58	1.75	2.02	433	7046	23.64	26.31	30.35	750	7601	11.14	12.40	14.30	750
5610	5.16	5.74	6.62	750	7047	7.63	8.49	9.79	750	7605	3.11	3.46	3.99	698
5645	10.53	11.72	13.52	750	7050	9.61	10.69	12.34	750	7610	0.51	0.56	0.65	248
5651	7.82	8.70	10.04	750	7090	5.97	6.64	7.66	750	7611	4.99	5.55	6.40	750
5703	85.20	94.81	109.37	750	7098	26.27	29.23	33.72	750	7612	11.11	12.37	14.26	750
5705	4.99	5.55	6.40	750	7099	42.32	47.10	54.33	750	7613	4.44	4.94	5.69	750
5951	0.38	0.42	0.48	225	7133	3.25	3.62	4.17	723	7705	2.44	2.72	3.13	583
6003	9.33	10.39	11.98	750	7151	3.94	4.39	5.06	750	7710	5.48	6.09	7.03	750
6005	7.09	7.90	9.11	750	7152	7.07	7.86	9.07	750	7711	5.48	6.09	7.03	750
6017	3.64	4.05	4.67	750	7153	4.39	4.89	5.64	750	7720X	2.44	2.72	3.13	583
6018	1.98	2.20	2.54	503	7222	9.10	10.13	11.69	750	7855	5.90	6.56	7.57	750
6045	2.30	2.56	2.95	558	7228X	6.46	7.19	8.29	750	8001	2.11	2.35	2.71	526
6204	9.29	10.34	11.93	750	7229X	6.78	7.54	8.70	750	8002	3.08	3.43	3.95	693
6206	5.90	6.56	7.57	750	7230	3.81	4.25	4.90	750	8006	1.84	2.04	2.36	478
6213	7.76	8.63	9.96	750	7231	5.06	5.63	6.49	750	8008	1.16	1.29	1.48	360
6214	2.62	2.91	3.36	613	7232	11.94	13.28	15.32	750	8010	1.79	1.99	2.30	471
6216	6.04	6.72	7.75	750	7309F	21.30	23.70	27.34	750	8013	0.46	0.51	0.59	240
6217	4.73	5.26	6.07	750	7313F	6.04	6.72	7.75	750	8015	0.61	0.68	0.78	265
6229	4.68	5.21	6.01	750	7317F	9.55	10.63	12.26	750	8017	1.11	1.24	1.43	353
6233	5.10	5.68	6.55	750	7327F	28.19	31.37	36.19	750	8018X	2.38	2.65	3.06	573
6235	13.57	15.10	17.42	750	7333	5.12	5.69	6.57	750	8021	1.76	1.96	2.26	466
6236	11.17	12.43	14.34	750	7335	5.68	6.32	7.29	750	8031	3.67	4.08	4.71	750
6237	2.86	3.18	3.67	656	7337	9.15	10.18	11.74	750	8032	1.50	1.67	1.93	420

★ARKANSAS RATES

Code No.	MDC Rate	TIE Rate	FIE Rate	Min. Prem.	Code No.	MDC Rate	TIE Rate	FIE Rate	Min. Prem.	Code No.	MDC Rate	TIE Rate	FIE Rate	Min. Prem.
8033	1.79	1.99	2.30	471	8601	0.78	0.87	1.00	295	9019	2.80	3.12	3.60	646
8039	1.30	1.45	1.67	385	8606	2.64	2.94	3.39	618	9033	1.86	2.07	2.39	483
8044	2.62	2.91	3.36	613	8709F	7.57	8.43	9.72	750	9040	3.34	3.71	4.29	738
8045	0.39	0.43	0.50	228	8719	1.78	1.98	2.28	468	9052	1.47	1.64	1.89	415
8046	2.53	2.81	3.25	598	8720	1.29	1.43	1.65	383	9058	1.69	1.88	2.17	453
8047	1.01	1.13	1.30	335	8721	0.38	0.42	0.48	225	9059	2.62	2.91	3.36	613
8058	2.60	2.89	3.34	611	8726F	8.68	9.66	11.15	750	9060	1.72	1.91	2.21	458
8072	0.77	0.85	0.98	293	8734	0.61	0.68	0.78	265	9061	1.31	1.46	1.69	388
8102	2.40	2.67	3.08	576	8737	0.55	0.61	0.70	255	9063	0.94	1.05	1.21	323
8103	3.54	3.94	4.54	750	8738	0.97	1.08	1.24	328	9077F	4.02	4.47	5.16	750
8105	4.58	5.10	5.88	750	8742X	0.45	0.50	0.58	238	9082	1.52	1.69	1.95	423
8106	3.63	4.04	4.66	750	8745	4.34	4.82	5.57	750	9083	1.53	1.70	1.97	425
8107	3.09	3.44	3.97	696	8748	0.39	0.43	0.50	228	9084	1.78	1.98	2.28	468
8111	3.57	3.97	4.58	750	8755	0.25	0.27	0.32	203	9089	1.08	1.21	1.39	348
8116	3.97	4.42	5.10	750	8799	0.91	1.01	1.17	318	9093	1.33	1.48	1.71	390
8203	5.22	5.80	6.70	750	8800	0.91	1.01	1.17	318	9101	2.86	3.18	3.67	656
8204	4.52	5.03	5.81	750	8803	0.07	0.08	0.09	173	9102	2.76	3.07	3.54	638
8209	2.83	3.15	3.64	651	8805	0.32	0.35	0.41	215	9154	1.84	2.04	2.36	478
8215	5.43	6.05	6.97	750	8810	0.23	0.26	0.30	200	9156	1.24	1.38	1.60	375
8227	2.96	3.30	3.80	673	8814	0.27	0.31	0.35	208	9170	2.63	2.93	3.38	616
8232	5.97	6.64	7.66	750	8815	0.51	0.56	0.65	248	9178	24.83	27.63	31.87	750
8233	4.86	5.40	6.23	750	8820	0.20	0.23	0.26	195	9179	34.06	37.90	43.72	750
8235	3.92	4.36	5.03	750	8824	2.34	2.60	3.01	566	9180	3.51	3.91	4.51	750
8263	8.84	9.84	11.35	750	8825	1.99	2.22	2.56	506	9182	2.56	2.85	3.28	603
8264	3.19	3.55	4.10	713	8826	2.11	2.35	2.71	526	9186	50.44	56.14	64.76	750
8265	8.80	9.79	11.30	750	8829	2.54	2.83	3.26	601	9220	3.22	3.59	4.14	718
8279	8.45	9.41	10.85	750	8831	2.49	2.77	3.19	591	9402	4.07	4.53	5.23	750
8288	5.69	6.34	7.31	750	8832	0.26	0.29	0.33	205	9403	5.42	6.03	6.96	750
8291	1.98	2.20	2.54	503	8833X	0.85	0.95	1.09	308	9410	1.66	1.85	2.13	448
8292	2.82	3.14	3.62	648	8835	1.86	2.07	2.39	483	9501	4.16	4.63	5.34	750
8293	6.49	7.22	8.33	750	8842	1.39	1.54	1.78	400	9505	3.61	4.02	4.64	750
8295X	7.09	7.90	9.11	750	8864	1.39	1.54	1.78	400	9516	3.08	3.43	3.95	693
8304	6.53	7.27	8.38	750	8868	0.36	0.40	0.46	223	9519	1.73	1.93	2.23	461
8350	5.38	5.98	6.90	750	8869	0.69	0.77	0.89	280	9521	5.01	5.58	6.44	750
8380	3.37	3.75	4.32	743	8871	0.22	0.24	0.28	198	9522	1.49	1.66	1.91	418
8381	1.42	1.58	1.82	405	8901	0.25	0.27	0.32	203	9534	6.62	7.36	8.50	750
8385	2.28	2.54	2.93	556	9012	1.84	2.04	2.36	478	9554	7.02	7.81	9.02	750
8392	2.85	3.17	3.65	653	9014	2.63	2.93	3.38	616	9586	0.62	0.69	0.80	268
8393	1.62	1.80	2.08	440	9015X	2.28	2.54	2.93	556	9600	1.55	1.72	1.98	428
8500	6.01	6.69	7.72	750	9016	5.90	6.56	7.57	750	9620	1.26	1.40	1.61	378

MISCELLANEOUS VALUES

FARMERS INS. EXCHANGE, TRUCK INS. EXCHANGE & MID-CENTURY INS. COMPANY

Expense Constant - \$160

Experience Rating Eligibility Requirements:

1. \$8,000 average annual premium for the last year or last two years
2. \$4,000 average annual premium for more than two years

Co-partners, Sole Proprietors and Members of Limited Liability – Amount of remuneration to be used for payroll reporting:

★Fixed amount of \$31,900 annually

Executive Officers – Amount of remuneration to be used for payroll reporting:

★\$2,500 maximum and \$300 minimum

Premium Discount Percentages:

"For rules governing the eligibility requirements of the Preferred and Standard rating plans, see the Underwriting rules shown on page 2405."

Premium discounts, as shown below, are applied on accounts generating over \$5,000 in annual standard premium. The actual premium discount is calculated using the tables shown on pages 2438A-2438C. These tables are based on the discounts enumerated below, but will not exactly equal them because of rounding.

First	\$ 5,000	-
Next	95,000	10.9%
Next	400,000	12.6
Over	500,000	14.4

★INDEMNITY AND MEDICAL BENEFITS OPTIONAL DEDUCTIBLES

PREMIUM REDUCTION PERCENTAGES

DEDUCTIBLE AMOUNT

Indemnity Losses Only

Deductible Amount	Hazard Groups						
	A	B	C	D	E	F	G
\$1,000	1.8%	1.4%	1.3%	1.2%	1.1%	0.9%	0.7%
\$1,500	2.5%	1.9%	1.8%	1.7%	1.5%	1.3%	0.9%
\$2,000	3.1%	2.5%	2.3%	2.1%	1.9%	1.5%	1.2%
\$2,500	3.6%	2.9%	2.7%	2.5%	2.2%	1.9%	1.4%
\$3,000	4.1%	3.3%	3.1%	2.9%	2.5%	2.1%	1.6%
\$3,500	4.6%	3.7%	3.5%	3.2%	2.9%	2.4%	1.8%
\$4,000	5.0%	4.1%	3.8%	3.5%	3.1%	2.7%	2.0%
\$4,500	5.4%	4.5%	4.1%	3.8%	3.4%	2.9%	2.2%
\$5,000	5.8%	4.8%	4.4%	4.1%	3.7%	3.1%	2.4%

Medical Losses Only

Deductible Amount	Hazard Groups						
	A	B	C	D	E	F	G
\$1,000	8.4%	6.7%	5.7%	4.7%	4.0%	2.7%	2.0%
\$1,500	10.1%	8.1%	6.9%	5.9%	4.9%	3.4%	2.5%
\$2,000	11.4%	9.2%	7.9%	6.7%	5.7%	3.9%	3.0%
\$2,500	12.5%	10.1%	8.7%	7.4%	6.3%	4.5%	3.3%
\$3,000	13.4%	10.9%	9.5%	8.1%	6.8%	4.9%	3.7%
\$3,500	14.2%	11.7%	10.1%	8.6%	7.3%	5.3%	4.0%
\$4,000	15.0%	12.3%	10.7%	9.1%	7.8%	5.7%	4.3%
\$4,500	15.7%	12.9%	11.2%	9.7%	8.2%	6.0%	4.5%
\$5,000	16.3%	13.4%	11.7%	10.1%	8.6%	6.3%	4.8%

MISCELLANEOUS VALUES (continued)

Deductible Amount	★Total Losses						
	Hazard Groups						
	A	B	C	D	E	F	G
\$1,000	8.7%	6.9%	5.9%	4.9%	4.1%	2.9%	2.1%
\$1,500	10.6%	8.5%	7.3%	6.1%	5.2%	3.6%	2.7%
\$2,000	12.1%	9.8%	8.4%	7.1%	6.1%	4.3%	3.3%
\$2,500	13.4%	10.9%	9.4%	8.1%	6.8%	4.9%	3.7%
\$3,000	14.5%	11.9%	10.3%	8.8%	7.5%	5.5%	4.1%
\$3,500	15.6%	12.7%	11.1%	9.5%	8.1%	6.0%	4.5%
\$4,000	16.5%	13.5%	11.9%	10.3%	8.7%	6.5%	4.9%
\$4,500	17.5%	14.3%	12.5%	10.9%	9.3%	6.9%	5.3%
\$5,000	18.3%	15.1%	13.2%	11.5%	9.9%	7.4%	5.6%

The "Hazard Group" assignments for each rating classification are shown on pages 2439 and 2440. The hazard group assigned to the governing classification is the hazard group to be used in selecting the appropriate premium reduction percentage.

Terrorism Rate per \$100 of payroll:

Mid-Century Insurance Company	0.03
Truck Insurance Exchange	0.03
Farmers Insurance Exchange	0.04

★Rate for Domestic Terrorism, Earthquakes, and Industrial Accidents

Mid-Century Insurance Company	0.01
Truck Insurance Exchange	0.02
Farmers Insurance Exchange	0.02

Premium resulting for this rate is not subject to experience rating, retrospective rating or premium discount. Premium for this charge is added on after the expense constant.

SERFF Tracking Number:	FARM-125648670	State:	Arkansas
First Filing Company:	Farmers Insurance Exchange, ...	State Tracking Number:	#? \$100
Company Tracking Number:	RIAR080515WCDS		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	R-AR-2008-WC-F		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	05/29/2008
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Comments:

Attachment:

NAIC Transmittal doc.pdf

Satisfied -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status:	Approved	05/29/2008
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Comments:

Attachments:

Cover Form.pdf

Loss Cost Filing Doc - FIE.pdf

Loss Cost Filing Doc - MDC.pdf

Loss Cost Filing Doc - TIE.pdf

Satisfied -Name:	NAIC loss cost data entry document	Review Status:	Approved	05/29/2008
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Comments:

Attachments:

Loss Cost Data Entry - FIE.pdf

Loss Cost Data Entry - MDC.pdf

Loss Cost Data Entry - TIE.pdf

Satisfied -Name:	Manual Pages	Review Status:	Approved	05/29/2008
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Comments:

Attachment:

ARC2401.pdf


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description	[This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing.)

1.	This filing transmittal is part of Company Tracking #	RIAR080515WCDS
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase ☒ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policy-holders affected for this program	Written premium for this program	Maximum % Change (where Required)	Minimum % Change (where Required)
Farmers Exchange	N/A	-6.9%	\$74,887	445	\$1,088,283	N/A	N/A
Truck Exchange	N/A	-3.2%	\$79,026	338	\$2,454,244	N/A	N/A
Mid-Century	N/A	-2.5%	\$11,724	87	\$473,833	N/A	N/A

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policy-holders affected for this program	Written premium for this program	Maximum % Change (where Required)	Minimum % Change (where Required)

5. Overall Rate Information (Complete for Multiple Company Filings Only)			
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	26.4%	
5b	Overall percentage of rate impact of this filing	-4.1%	
5c	Effect of Rate Filing – Written premium change for this program	-\$162,827	
5d	Effect of Rate Filing – Number of policyholders affected	870	

6.	Overall percentage of last rate revision	2.0%
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7.	Effective Date of last rate revision	1/1/2008
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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11.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Page # 2405 - 2438	[] New [x] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	

Date: 5/27/2008

Space Reserved for Insurance
Department Use

**WORKERS' COMPENSATION
LOSS COST FILING DOCUMENT COVER FORM**

INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION
PROSPECTIVE LOSS COSTS

1. INSURER NAME Farmers Insurance Group
- ADDRESS 3041 Cochran Street
Simi Valley, CA 93065
2. PERSON RESPONSIBLE FOR FILING James Gebhard, FCAS
- TITLE Actuary TELEPHONE # 805-306-6667
3. INSURER NAIC# 21709, 21652, 21687
4. ADVISORY ORGANIZATION NCCI
- 5A. PROPOSED RATE LEVEL CHANGE -4.1% EFFECTIVE DATE 7/1/2008
- 5B. PROPOSED PREMIUM LEVEL CHANGE * -4.1% EFFECTIVE DATE 7/1/2008
- 6A. PRIOR RATE LEVEL CHANGE 2.0% EFFECTIVE DATE 1/1/2008
- 6B. PRIOR PREMIUM LEVEL CHANGE * 2.0% EFFECTIVE DATE 1/1/2008
7. ATTACH "NAIC LOSS COST FILING DOCUMENT - WORKERS' COMPENSATION"
(Attach this document seperately for each insurer selected loss cost multiplier.)

* The premium level change is the change in the insurer's annual collectible premium.

NAIC LOSS COST FILING DOCUMENT - WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

(EFFECTIVE AUG. 16, 2004)

Company:	Farmers Insurance Exchange
This filing transmittal is part of Company Tracking #	RIAR080515WCDS
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A

☒ **Loss Cost Reference Filing** NCCI AR-2008-02 ☐ **Independent Rate Filing**
(Advisory Org. & Reference Filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following

- ☒ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revision of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. **Note: Some states have statutes that prohibit this option for some lines of business.**
- ☐ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? Y If no, complete a copy of this form for each affected class with appropriate justification.

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
(Check One)

☐ Without Modification (factor = 1.000)

☒ With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification)

Company Placement Guideline

B. Loss Cost Modification Expressed as a Factor: (See Examples Below)

1.203

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000-.100) should be used

Example 2:

Loss cost Modification Factor: If your company's loss cost modification is 15%, a factor of 1.15 (1.000+.150) should be used.

NAIC EXPENSE CONSTANT SUPPLEMENT

CALCULATION OF COMPANY LOSS COST MULTIPLIER WITH EXPENSE CONSTANTS

(EFFECTIVE AUG 16, 2004)

(This form must be provided ONLY when making a filing that includes an expense constant)

Company: Farmers Insurance Exchange

This filing transmittal is part of Company Tracking #	RIAR080515WCDS
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This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

Selected Provisions

4.			Overall	Variable	Fixed
	A.	Total Production Expense	21.1%	21.1%	0.0%
	B.	General Expense	5.5%	2.9%	2.6%
	C.	Taxes, License & Fees	7.0%	7.0%	0.0%
	D.	Underwriting Profit & Contingencies	3.0%	3.0%	0.0%
	E.	Other (explain)*	1.2%	1.2%	0.0%
	F.	TOTAL	37.8%	35.1%	2.6%
		*Other includes Bad Debt, Loss Control, Boards, Bureaus, Assoc.			

5.	A.	Expected Loss Ratio: ELR = 100% - Overall 4F	62.2%
	B.	ELR in decimal form	0.622
	C.	Variable Expected Loss Ratio: VELR= 100% - Variable 4F	64.9%
	D.	VELR in Decimal Form = B. ELR in Decimal Form =	0.649

6.	A.	Formula Expense Constant (1.00 divided by 5B) - (1.00 divided by 5D)	0.065
	B.	Formula Variable Loss Cost Multiplier (3B divided by 5D)	1.855

7.	A.	Selected Expense Constant	160
	B.	Selected Variable Loss Cost Multiplier	1.855

8. Explain any differences between 6 and 7:

The formula listed in the form for 6A is really the Expense Fee Ratio, not the Expense Constant. To derive the expense constant from 6A, you have to multiply by the average policy size. In Arkansas, our average policy size over our book of business is \$2446. Our expense constant is computed as $2446 \times .065 = 160$, rounded to the nearest dollar. This matches are selected expense constant.

9	Rate level change for the coverage(s) to which this page applies	-6.9%
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NAIC LOSS COST FILING DOCUMENT - WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

(EFFECTIVE AUG. 16, 2004)

Company:	Mid-Century Insurance Company
This filing transmittal is part of Company Tracking #	RIAR080515WCDS
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A

<input checked="" type="checkbox"/> Loss Cost Reference Filing	<u>NCCI AR-2008-02</u> (Advisory Org. & Reference Filing #)	<input type="checkbox"/> Independent Rate Filing
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If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following

<input checked="" type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revision of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. Note: Some states have statutes that prohibit this option for some lines of business.
<input type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? Y If no, complete a copy of this form for each affected class with appropriate justification.

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
(Check One)

☐ Without Modification (factor = 1.000)

☒ With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification)

Company Placement Guideline

B. Loss Cost Modification Expressed as a Factor: (See Examples Below)

0.921

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000-.100) should be used

Example 2:

Loss cost Modification Factor: If your company's loss cost modification is 15%, a factor of 1.15 (1.000+.150) should be used.

NAIC EXPENSE CONSTANT SUPPLEMENT

CALCULATION OF COMPANY LOSS COST MULTIPLIER WITH EXPENSE CONSTANTS

(EFFECTIVE AUG 16, 2004)

(This form must be provided ONLY when making a filing that includes an expense constant)

Company: Mid-Century Insurance Company

This filing transmittal is part of Company Tracking #	RIAR080515WCDS
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This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

Selected Provisions

4.			Overall	Variable	Fixed
	A.	Total Production Expense	21.9%	21.9%	0.0%
	B.	General Expense	5.5%	4.4%	1.2%
	C.	Taxes, License & Fees	5.8%	5.8%	0.0%
	D.	Underwriting Profit & Contingencies	3.0%	3.0%	0.0%
	E.	Other (explain)*	1.2%	1.2%	0.0%
	F.	TOTAL	37.4%	36.3%	1.2%
		*Other includes Bad Debt, Loss Control, Boards, Bureaus, Assoc.			

5.	A.	Expected Loss Ratio: ELR = 100% - Overall 4F	62.6%
	B.	ELR in decimal form	0.626
	C.	Variable Expected Loss Ratio: VELR= 100% - Variable 4F	63.7%
	D.	VELR in Decimal Form = B. ELR in Decimal Form =	0.637

6.	A.	Formula Expense Constant (1.00 divided by 5B) - (1.00 divided by 5D)	0.029
	B.	Formula Variable Loss Cost Multiplier (3B divided by 5D)	1.445

7.	A.	Selected Expense Constant	160
	B.	Selected Variable Loss Cost Multiplier	1.445

8. Explain any differences between 6 and 7:

The formula listed in the form for 6A is really the Expense Fee Ratio, not the Expense Constant. To derive the expense constant from 6A, you have to multiply by the average policy size. In Arkansas, our average policy size over our book of business is \$5446. Our expense constant is computed as $5446 \times .029 = 160$, rounded to the nearest dollar. This matches are selected expense constant.

9	Rate level change for the coverage(s) to which this page applies	-2.5%
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NAIC LOSS COST FILING DOCUMENT - WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

(EFFECTIVE AUG. 16, 2004)

Company:	Truck Insurance Exchange
This filing transmittal is part of Company Tracking #	RIAR080515WCDS
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A

☒ **Loss Cost Reference Filing** NCCI AR-2008-02 ☐ **Independent Rate Filing**
(Advisory Org. & Reference Filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following

- ☒ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revision of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. **Note: Some states have statutes that prohibit this option for some lines of business.**
- ☐ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? Y If no, complete a copy of this form for each affected class with appropriate justification.

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
(Check One)

☐ Without Modification (factor = 1.000)

☒ With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification)

Company Placement Guideline

B. Loss Cost Modification Expressed as a Factor: (See Examples Below)

1.096

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000-.100) should be used

Example 2:

Loss cost Modification Factor: If your company's loss cost modification is 15%, a factor of 1.15 (1.000+.150) should be used.

NAIC EXPENSE CONSTANT SUPPLEMENT

CALCULATION OF COMPANY LOSS COST MULTIPLIER WITH EXPENSE CONSTANTS

(EFFECTIVE AUG 16, 2004)

(This form must be provided ONLY when making a filing that includes an expense constant)

Company: Truck Insurance Exchange

This filing transmittal is part of Company Tracking #	RIAR080515WCDS
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This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

Selected Provisions

4.			Overall	Variable	Fixed
	A.	Total Production Expense	18.0%	18.0%	0.0%
	B.	General Expense	4.7%	3.7%	1.0%
	C.	Taxes, License & Fees	6.0%	6.0%	0.0%
	D.	Underwriting Profit & Contingencies	3.0%	3.0%	0.0%
	E.	Other (explain)*	1.2%	1.2%	0.0%
	F.	TOTAL	32.8%	31.8%	1.0%
		*Other includes Bad Debt, Loss Control, Boards, Bureaus, Assoc.			

5.	A.	Expected Loss Ratio: ELR = 100% - Overall 4F	67.2%
	B.	ELR in decimal form	0.672
	C.	Variable Expected Loss Ratio: VELR= 100% - Variable 4F	68.2%
	D.	VELR in Decimal Form = B. ELR in Decimal Form =	0.682

6.	A.	Formula Expense Constant (1.00 divided by 5B) - (1.00 divided by 5D)	0.022
	B.	Formula Variable Loss Cost Multiplier (3B divided by 5D)	1.608

7.	A.	Selected Expense Constant	160
	B.	Selected Variable Loss Cost Multiplier	1.608

8. Explain any differences between 6 and 7:

The formula listed in the form for 6A is really the Expense Fee Ratio, not the Expense Constant. To derive the expense constant from 6A, you have to multiply by the average policy size. In Arkansas, our average policy size over our book of business is \$7261. Our expense constant is computed as $7261 \times .022 = 160$, rounded to the nearest dollar. This matches are selected expense constant.

9	Rate level change for the coverage(s) to which this page applies	-3.2%
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NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	RIAR080515WCDS
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference / Item Filing Number	NCCI AR-2008-02
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Company Name		Company NAIC Number	
3.	A. Farmers Insurance Exchange	B.	21652

Product Coding Matrix Line of Business (ie Type of Insurance)		Product Coding Matrix Line of Insurance (i.e. Sub-Type of Insurance)	
4.	A. 16. Workers' Compensation	B.	16.004 Standard Workers' Compensation

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Workers' Compensation	26.4%	-6.9%	0.622	1.203	1.855	160	1.75
TOTAL OVERALL EFFECT	26.4%	-6.9%					

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2003	570	-1.7%, 5.2%	10/1, 3/1	1,735	3,416	196.9%	66.6%
2004	559	13.4%	8/1	2,036	865	42.5%	61.9%
2005	532	-0.6%	7/1	1,840	1,188	64.5%	52.3%
2006	463	0.0%	7/1	1,566	1,499	95.7%	56.8%
2007	465	-2.6%	7/1	1,194	414	34.6%	56.3%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	21.1%
B. General Expense	5.5%
C. Taxes, License & Fees	7.0%
D. Underwriting Profit & Contingencies	3.0%
E. Other (explain)	1.2%
F. TOTAL	37.8%

8. Y Apply Lost Cost Factors to Future filings? (Y or N)

9. 21.6% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):

N/A

10. -28.5% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable):

N/A

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	RIAR080515WCDS
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference / Item Filing Number	NCCI AR-2008-02
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Company Name		Company NAIC Number	
3.	A. Mid-Century Insurance Company	B.	21687

Product Coding Matrix Line of Business (ie Type of Insurance)		Product Coding Matrix Line of Insurance (i.e. Sub-Type of Insurance)	
4.	A. 16. Workers' Compensation	B.	16.004 Standard Workers' Compensation

5.							
(A)	(B)	(C)	FOR LOSS COSTS ONLY				
COVERAGE (See Instructions)	Indicated % Rate Level Change	Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Workers' Compensation	26.4%	-2.5%	0.626	0.921	1.445	160	1.35
TOTAL OVERALL EFFECT	26.4%	-2.5%					

6. 5 Year History Rate Change History							
Year	Policy Count	% of Change	Effective Date	State Earned premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2003	221	1.1%, 27.7%	10/1, 3/1	1,059	412	39.0%	95.4%
2004	191	16.2%	8/1	969	-6	-0.6%	58.2%
2005	135	-2.1%	7/1	666	169	25.4%	83.8%
2006	105	0.0%	7/1	523	446	85.4%	58.4%
2007	87	-9.8%	7/1	481	160	33.1%	83.4%

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	21.9%
B. General Expense	5.5%
C. Taxes, License & Fees	5.8%
D. Underwriting Profit & Contingencies	3.0%
E. Other (explain)	1.2%
F. TOTAL	37.4%

8. Y Apply Lost Cost Factors to Future filings? (Y or N)
9. 22.7% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): N/A
10. -18.5% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): N/A

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	RIAR080515WCDS
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference / Item Filing Number	NCCI AR-2008-02
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Company Name		Company NAIC Number	
3.	A. Truck Insurance Exchange	B.	21709

Product Coding Matrix Line of Business (ie Type of Insurance)		Product Coding Matrix Line of Insurance (i.e. Sub-Type of Insurance)	
4.	A. 16. Workers' Compensation	B.	16.004 Standard Workers' Compensation

5.							
(A)	(B)	(C)	FOR LOSS COSTS ONLY				
COVERAGE (See Instructions)	Indicated % Rate Level Change	Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Workers' Compensation	26.4%	-3.2%	0.672	1.096	1.608	160	1.51
TOTAL OVERALL EFFECT	26.4%	-3.2%					

6. 5 Year History Rate Change History							
Year	Policy Count	% of Change	Effective Date	State Earned premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2003	137	-1.8%, 1.5%	10/1, 3/1	1,329	1,413	106.3%	86.8%
2004	154	12.1%	8/1	1,399	316	22.6%	64.5%
2005	163	-2.1%	7/1	1,169	639	54.7%	55.5%
2006	211	0.0%	7/1	1,823	1,162	63.7%	50.9%
2007	314	1.3%	7/1	2,288	1,577	68.9%	45.0%

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	18.0%
B. General Expense	4.7%
C. Taxes, License & Fees	6.0%
D. Underwriting Profit & Contingencies	3.0%
E. Other (explain)	1.2%
F. TOTAL	32.8%

8. Y Apply Lost Cost Factors to Future filings? (Y or N)
9. 22.1% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): N/A
10. -28.2% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): N/A

COMMERCIAL LINES MANUAL

ARKANSAS

CHECKING SLIP

SECTION: WORKERS' COMPENSATION

Pages 2405 and 2435-2438 are revised.

EFFECTIVE DATE:

NEW BUSINESS AND RENEWALS: July 1, 2008

OUTSTANDING POLICIES: NONE

SUMMARY OF CHANGES

1. Rates are revised for new business and renewals.
2. Three Company Placement – Mid-Century threshold is revised from \$15,000 to \$10,000 and the Truck threshold from \$5,000 to \$2,500.
3. The fixed amount of remuneration for Co-partners, Sole Proprietors and Members of Limited Liability is revised.
4. The maximum amount of remuneration for Executive Officers is revised.
5. Indemnity and Medical Benefits Optional Deductibles Premium Reduction Percentages are revised.

DO NOT DESTROY ANY OTHER PAGES OF YOUR MANUAL

CONFIDENTIAL INFORMATION - TRADE SECRETS

Farmers Agents and the Company have a vital interest in protecting information used by Agents in conducting their business. This includes Underwriting Manuals and Guidelines, and documents and information about policyholders that is contained in their files.

THIS INFORMATION IS CONFIDENTIAL!

Agents and their employees are expected to keep such confidential information secure from outside visitors. Under no circumstances is confidential information to be generally released to regulatory bodies, the press and/or the public at large. Anyone claiming a legitimate reason to use such information must do so as required by law or judicial process.

A. Arkansas – Selected Industry Business Strategy

Farmers has identified nine (9) Selected Industry Groups where we have established a history of excellent results. These industries identified and explained on the Agency Dashboard. The Workers' Compensation Home Page provides a complete picture of Farmers Workers' Compensation markets and strategy for Arkansas.

Selected Industry Groups

Food Service
Retailers
Service Providers

Automotive
Artisan Contractors
Wholesalers/Distributors

Printers
Light Manufacturing
Hotel/Motel

Check the Agency Dashboard for detail explanation concerning the Selected Industries Underwriting Guidelines, Profiles, and Descriptions of Operations.

Arkansas Workers' Compensation Three Company Marketing Program

1. Mid-Century Insurance Company (Ultra Preferred Rating Program/Participating)

The Mid-Century Insurance Company was developed to write ultra-preferred accounts which fall into specific classifications that support our Selected Industry Groups.

Eligibility Requirements:

- ★ a. Policies must develop an unmodified annual premium of \$10,000 or more.
- b. Underwriting grade 5 classes are ineligible as a governing class.
- c. At least three years in business with employees and continuous coverage (no lapse).
- d. Three full years of currently valued loss runs must be submitted with new business applications.
- e. New business, renewals, and requests for quote submissions must be accompanied by a completed Supplemental Application except for those submitted through eCLS.

If the risk does not meet all of the above criteria or the exposure change during the policy term, making a policy unacceptable for this program, the account may be considered for coverage in either the Truck Insurance Exchange or Farmers Insurance Exchange.

2. Truck Insurance Exchange (Preferred Rating Program/Participating)

The Truck Insurance Exchange was developed for placement of low-severity risks which are of preferred quality and for the *SimpleComp*sm program policies.

Eligibility Requirements:

- ★ a. Policies must develop unmodified annual premium of \$2,500 or more (except for *SimpleComp*sm Program applications).
- b. Underwriting grade 5 classes are ineligible as a governing class.
- c. At least two years or more in business with employees (except for *SimpleComp*sm Program applications).
- d. At least two full years of currently valued loss runs must be submitted with a new business application.
- e. New business, renewals, and requests for quote submissions must be accompanied by a completed Supplemental Application except for those submitted through eCLS (except for *SimpleComp*sm Program applications).
- f. In order for current renewals to qualify for the *SimpleComp*sm Program, a *SimpleComp*sm Program application must be submitted thru eCLS.

If the risk does not meet all of the criteria or the exposure change during the policy term, making a policy ineligible for this program, the account will be considered for coverage in the Farmers Insurance Exchange.

3. Farmers Insurance Exchange (Standard Rating Program/Non-Participating)

Farmers Insurance Exchange is used to write those policies that do not qualify for Mid-Century Insurance Company or Truck Insurance Exchange but that are otherwise acceptable for coverage.

Eligibility Requirements:

- a. Policies must develop unmodified annual premium of \$500. An exception is allowed for policies that are written on Farmers Agents.
- b. Underwriting grade 5 classes are eligible on an incidental basis only and must be submitted for approval.
- c. New business, renewals, and requests for quote submissions must be accompanied by a completed Supplemental Application except for those submitted through eCLS.
- d. At least one full year of currently valued loss runs must be submitted with new business applications with the exception of acceptable "new in business" submissions in our selected industries.

The premium used to determine if a policy meets the premium threshold for Three Company Marketing is the unmodified premium. Unmodified premium is the premium developed before application of experience rating or any other premium adjustment (including schedule rating).

General Provisions of the Arkansas Workers' Compensation Law

All employments in which 3 or more employees are regularly employed by the same employer are covered by the Arkansas Workers' Compensation Act, **except** Domestic servants, agricultural farm labor, institutions maintained and operated wholly as public charities, the state of Arkansas and each of the political subdivisions thereof, any person engaged in the vending, selling or offering for sale, or delivery directly to the general public, any newspapers, magazines or periodicals, or acting as sales agent or distributor as an independent contractor of or for any such newspaper, magazine or periodical.

The Law includes employments in which 2 or more employees are employed by any person engaged in building or building repair work, and every employment in which 1 or more employees is employed by a contractor who subcontracts any part of his contract, or a subcontractor who employs one or more employees.

Every employer coming under the Law must either secure compensation insurance from an insurance carrier, or obtain permission from the Industrial Commission to become a self-insurer.

Any officer of a corporation may exclude himself from coverage or waive his right to coverage or compensation, **but** if the exclusion from coverage reduces the number of employees of the business to less than three (3), the employer shall **continue** to provide Workers' Compensation coverage for such employees.

Those employments not automatically under the Law, such as farming, may come under the Law by taking out workers' compensation insurance.

The following persons may elect coverage under the Law:

1. Individual named insureds who devote full time to proprietorship.
2. Co-partners who devote full time to partnership.

Compensation payments to the injured employee are made in accordance with the Arkansas Workers' Compensation Law.

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Rules for Risks Involving Individual Named Insureds, Relatives, Co-Partners, Corporate (Executive) Officers, Part-Time Employees, Minors and Members of Limited Liability Companies.

1. Individual named insureds are not eligible to be written on a Workers' Compensation policy.
2. Relatives acting as employees are covered, but for the risk to be eligible, there must be at least one other full time employee for each relative covered under the policy.
3. Co-partners who elect to be covered are eligible, if there is at least one other full time employee for each co-partner covered under the policy.
4. Executive officers are employees and are covered, but for the risk to be eligible, there must be at least one other full time employee for each corporate officer covered in the policy.
5. Part-time Employees.
Risks eligible for a Mercantile Sentinel, a Special Sentinel, or a Farm and Ranch Sentinel are not required to have one full time employee for each part-time employee. All other risks must have one full time employee for each part-time employee.
6. Minors acting as employees are covered under the Law.
7. Members of limited liability companies are employees.

The limited liability company is a new kind of business entity. It combines the advantages of corporate limited liability and partnership tax structure. Persons who are 10% or more owners of limited liability companies are called "members". For Workers' Compensation rating purposes, members are treated the same as partners, that is they carry the same payroll minimums and maximums and are classified by the type of work performed. A member may elect not to be covered. Members electing to be covered must be named in the policy. Additionally there must be one full time employee for each member covered.

Payroll Reporting on Relatives, Co-Partners, Corporation Officers

Relatives – Actual payroll per year must be reported.

Co-partners – Refer to rate pages for amount of remuneration

Corporate officers – Actual payroll per year must be reported subject to minimum and maximum amounts. Refer to rate pages for these minimums and maximums.

**★C. RATES, RATING VALUES AND SPECIAL ARKANSAS CLASSIFICATION
EXCEPTIONS
COMPENSATION & EMPLOYERS' LIABILITY RATES
LEGEND**

(a) Rate for each individual risk must be obtained by Policywriting Office from Board or Bureau having jurisdiction.

D. Refer to NCCI Manual for rating.

F. Coverage under U.S.L. & H.A.

P. Per Capita.

X. Refer to special classification phraseology in these pages, which is applicable to this state.

Code No.	MDC Rate	TIE Rate	FIE Rate	Min. Prem.	Code No.	MDC Rate	TIE Rate	FIE Rate	Min. Prem.	Code No.	MDC Rate	TIE Rate	FIE Rate	Min. Prem.
0005	5.61	6.24	7.20	750	1852D	2.17	2.41	2.78	536	2534	1.88	2.09	2.41	486
0008	2.28	2.54	2.93	556	1853	2.02	2.25	2.60	511	2570	4.32	4.81	5.55	750
0016	4.91	5.47	6.31	750	1860	1.71	1.90	2.19	456	2585	2.70	3.01	3.47	628
0034	3.77	4.20	4.84	750	1924	3.70	4.12	4.75	750	2586	1.16	1.29	1.48	360
0035	2.25	2.51	2.89	550	1925	2.56	2.85	3.28	603	2587	2.53	2.81	3.25	598
0036	3.58	3.99	4.60	750	2001	2.08	2.32	2.67	521	2589	1.26	1.40	1.61	378
0037	4.05	4.50	5.19	750	2002	2.62	2.91	3.36	613	2600	5.58	6.21	7.16	750
0042	5.58	6.21	7.16	750	2003	2.95	3.28	3.78	671	2623	2.46	2.73	3.15	586
0050	4.54	5.05	5.82	750	2014	5.55	6.17	7.12	750	2651	2.30	2.56	2.95	558
0059D	0.26	0.29	0.33	205	2016	1.73	1.93	2.23	461	2660	1.27	1.42	1.63	380
0065D	0.04	0.05	0.06	168	2021	2.90	3.23	3.73	663	2670	2.01	2.24	2.58	508
0066D	0.04	0.05	0.06	168	2039	3.89	4.33	4.99	750	2683	1.72	1.91	2.21	458
0067D	0.04	0.05	0.06	168	2041	3.73	4.15	4.79	750	2688	2.66	2.96	3.41	621
0079	3.70	4.12	4.75	750	2065	1.40	1.56	1.80	403	2701	6.46	7.19	8.29	750
0083	8.53	9.49	10.94	750	2070	4.77	5.31	6.12	750	2702X	26.34	29.31	33.82	750
0106	9.97	11.10	12.80	750	2081	3.37	3.75	4.32	743	2710	7.67	8.54	9.85	750
0113	5.00	5.56	6.42	750	2089	2.21	2.46	2.84	543	2714	3.64	4.05	4.67	750
0170	2.15	2.40	2.76	533	2095	2.38	2.65	3.06	573	2719X	9.67	10.76	12.41	750
0251	4.41	4.90	5.66	750	2105	2.12	2.36	2.73	528	2731	3.24	3.60	4.16	721
0400	7.05	7.85	9.05	750	2110	1.86	2.07	2.39	483	2735	2.27	2.52	2.91	553
0401	9.62	10.71	12.35	750	2111	2.20	2.44	2.82	541	2759	7.38	8.22	9.48	750
0771	0.26	0.29	0.33	-	2112	2.37	2.64	3.04	571	2790	1.36	1.51	1.74	395
0908P	124.27	138.29	159.53	320	2114	2.34	2.60	3.01	566	2802	4.60	5.11	5.90	750
0913P	306.34	340.90	393.26	553	2121	1.95	2.17	2.50	498	2812	3.22	3.59	4.14	718
0917	3.42	3.81	4.40	750	2130	2.44	2.72	3.13	583	2835	1.40	1.56	1.80	403
1005	9.64	10.73	12.37	750	2131	1.65	1.83	2.11	445	2836	1.97	2.19	2.52	501
1016X	35.97	40.02	46.17	750	2143	1.91	2.12	2.45	491	2841	3.25	3.62	4.17	723
1164	6.23	6.93	8.00	750	2157	3.54	3.94	4.54	750	2881	2.20	2.44	2.82	541
1165	4.10	4.57	5.27	750	2172	1.37	1.53	1.76	398	2883	3.57	3.97	4.58	750
1320	2.56	2.85	3.28	603	2174	2.56	2.85	3.28	603	2913	3.57	3.97	4.58	750
1322	13.73	15.28	17.62	750	2211	4.78	5.32	6.14	750	2915	3.71	4.13	4.77	750
1430	3.79	4.21	4.86	750	2220	1.71	1.90	2.19	456	2916	2.04	2.27	2.62	513
1438	2.12	2.36	2.73	528	2286	1.24	1.38	1.60	375	2923	2.10	2.33	2.69	523
1452	1.47	1.64	1.89	415	2288	3.53	3.92	4.53	750	2942	2.05	2.28	2.63	516
1463	10.17	11.32	13.06	750	2300	1.86	2.07	2.39	483	2960	2.82	3.14	3.62	648
1472	3.54	3.94	4.54	750	2302	1.49	1.66	1.91	418	3004	2.40	2.67	3.08	576
1624	6.63	7.38	8.51	750	2305	1.86	2.07	2.39	483	3018	2.24	2.49	2.88	548
1642	3.57	3.97	4.58	750	2361	1.05	1.17	1.35	343	3022	2.77	3.09	3.56	641
1654	5.48	6.09	7.03	750	2362	1.53	1.70	1.97	425	3027	2.34	2.60	3.01	566
1655	4.32	4.81	5.55	750	2380	3.94	4.39	5.06	750	3028	2.02	2.25	2.60	511
1699	1.75	1.95	2.24	463	2386	0.98	1.09	1.26	330	3030	3.51	3.91	4.51	750
1701	2.70	3.01	3.47	628	2388	1.68	1.87	2.15	450	3040	3.25	3.62	4.17	723
1710	5.35	5.95	6.86	750	2402	1.88	2.09	2.41	486	3041	2.90	3.23	3.73	663
1741	1.62	1.80	2.08	440	2413	1.47	1.64	1.89	415	3042	2.77	3.09	3.56	641
1745X	2.62	2.91	3.36	613	2416	1.46	1.62	1.87	413	3064	4.02	4.47	5.16	750
1747	2.28	2.54	2.93	556	2417	1.37	1.53	1.76	398	3069	6.89	7.67	8.85	750
1748	6.52	7.25	8.37	750	2501	1.18	1.32	1.52	365	3076	2.59	2.88	3.32	608
1803D	4.68	5.21	6.01	750	2503	1.17	1.30	1.50	363	3081D	2.51	2.80	3.23	596

★ARKANSAS RATES

Code No.	MDC Rate	TIE Rate	FIE Rate	Min. Prem.	Code No.	MDC Rate	TIE Rate	FIE Rate	Min. Prem.	Code No.	MDC Rate	TIE Rate	FIE Rate	Min. Prem.
3082D	3.40	3.78	4.36	748	3647	2.93	3.26	3.77	668	4360	0.79	0.88	1.02	298
3085D	2.83	3.15	3.64	651	3648	1.88	2.09	2.41	486	4361	1.16	1.29	1.48	360
3110	2.49	2.77	3.19	591	3681	1.36	1.51	1.74	395	4362	1.01	1.13	1.30	335
3111	2.60	2.89	3.34	611	3685	1.56	1.74	2.00	430	4410	2.80	3.12	3.60	646
3113	2.05	2.28	2.63	516	3719	2.28	2.54	2.93	556	4420	3.38	3.76	4.34	746
3114	2.28	2.54	2.93	556	3724	5.94	6.61	7.62	750	4431	1.30	1.45	1.67	385
3118	1.05	1.17	1.35	343	3726	2.64	2.94	3.39	618	4432	1.40	1.56	1.80	403
3119	0.95	1.06	1.22	325	3803	1.66	1.85	2.13	448	4439	1.47	1.64	1.89	415
3122	1.31	1.46	1.69	388	3807	1.84	2.04	2.36	478	4452	2.85	3.17	3.65	653
3126	1.50	1.67	1.93	420	3808	2.40	2.67	3.08	576	4459	1.63	1.82	2.10	443
3131	0.91	1.01	1.17	318	3821	3.61	4.02	4.64	750	4470	2.08	2.32	2.67	521
3132	2.15	2.40	2.76	533	3822	3.16	3.52	4.06	708	4484	1.82	2.03	2.34	476
3145	2.08	2.32	2.67	521	3824	4.23	4.71	5.44	750	4493	2.21	2.46	2.84	543
3146	2.40	2.67	3.08	576	3826	0.77	0.85	0.98	293	4511	0.65	0.72	0.83	273
3169	2.14	2.38	2.75	531	3827	1.37	1.53	1.76	398	4557	1.49	1.66	1.91	418
3175D	2.49	2.77	3.19	591	3830	0.98	1.09	1.26	330	4558	1.45	1.61	1.86	410
3179	2.10	2.33	2.69	523	3851	2.31	2.57	2.97	561	4561	1.73	1.93	2.23	461
3180	1.56	1.74	2.00	430	3865	1.11	1.24	1.43	353	4568	2.27	2.52	2.91	553
3188	1.33	1.48	1.71	390	3881	3.08	3.43	3.95	693	4581	1.52	1.69	1.95	423
3220	1.65	1.83	2.11	445	4000	6.31	7.03	8.11	750	4583	4.64	5.16	5.95	750
3223	2.62	2.91	3.36	613	4021	5.17	5.76	6.64	750	4611	0.84	0.93	1.08	305
3224	2.14	2.38	2.75	531	4024	1.94	2.15	2.49	496	4635	4.32	4.81	5.55	750
3227	1.59	1.77	2.04	435	4034	6.07	6.75	7.79	750	4653	1.13	1.25	1.45	355
3240	2.64	2.94	3.39	618	4036	2.20	2.44	2.82	541	4665	5.85	6.51	7.51	750
3241	2.46	2.73	3.15	586	4038	1.89	2.11	2.43	488	4670	3.35	3.73	4.30	741
3255	2.04	2.27	2.62	513	4053	3.01	3.34	3.86	681	4683	4.28	4.76	5.49	750
3257	2.98	3.31	3.82	676	4061	3.70	4.12	4.75	750	4686	1.11	1.24	1.43	353
3270	2.82	3.14	3.62	648	4062	2.01	2.24	2.58	508	4692	0.42	0.47	0.54	233
3300	3.90	4.34	5.01	750	4101	1.75	1.95	2.24	463	4693	0.81	0.90	1.04	300
3303	3.34	3.71	4.29	738	4111	2.67	2.97	3.43	623	4703	2.11	2.35	2.71	526
3307	2.93	3.26	3.77	668	4112	0.82	0.92	1.06	303	4717	1.56	1.74	2.00	430
3315	2.30	2.56	2.95	558	4113	1.16	1.29	1.48	360	4720	4.57	5.08	5.86	750
3334	1.86	2.07	2.39	483	4114	1.94	2.15	2.49	496	4740	1.34	1.50	1.73	393
3336	1.92	2.14	2.47	493	4130	3.97	4.42	5.10	750	4741	1.53	1.70	1.97	425
3365	8.93	9.94	11.46	750	4131	2.12	2.36	2.73	528	4751	1.30	1.45	1.67	385
3372	2.49	2.77	3.19	591	4133	2.10	2.33	2.69	523	4771	1.49	1.66	1.91	463
3373	2.53	2.81	3.25	598	4150	1.46	1.62	1.87	413	4777	1.52	1.69	1.95	423
3383	0.94	1.05	1.21	323	4206	3.21	3.57	4.12	716	4825	0.78	0.87	1.00	295
3385	0.77	0.85	0.98	293	4207	0.88	0.98	1.13	313	4828	1.46	1.62	1.87	413
3400	2.37	2.64	3.04	571	4239	1.11	1.24	1.43	353	4829	1.05	1.17	1.35	343
3507	2.70	3.01	3.47	628	4240	2.15	2.40	2.76	533	4902	1.17	1.30	1.50	363
3515	1.91	2.12	2.45	491	4243	1.46	1.62	1.87	413	4923	0.97	1.08	1.24	328
3548	1.18	1.32	1.52	365	4244	2.59	2.88	3.32	608	5020	6.43	7.16	8.25	750
3559	2.27	2.52	2.91	553	4250	1.30	1.45	1.67	385	5022	4.62	5.15	5.94	750
3574	0.98	1.09	1.26	330	4251	1.55	1.72	1.98	428	5037	18.13	20.18	23.28	750
3581	1.26	1.40	1.61	378	4263	1.92	2.14	2.47	493	5040	24.32	27.06	31.22	750
3612	1.92	2.14	2.47	493	4273	1.68	1.87	2.15	450	5057	17.40	19.36	22.33	750
3620	5.07	5.64	6.51	750	4279	1.58	1.75	2.02	433	5059	20.66	22.99	26.53	750
3629	1.71	1.90	2.19	456	4282	1.85	2.06	2.37	481	5069	26.10	29.04	33.50	750
3632	3.50	3.89	4.49	750	4283	1.72	1.91	2.21	458	5102	3.83	4.26	4.92	750
3634	1.49	1.66	1.91	418	4299	1.53	1.70	1.97	425	5146	4.68	5.21	6.01	750
3635	1.81	2.01	2.32	473	4304	2.41	2.69	3.10	578	5160	3.31	3.68	4.25	733
3638	1.29	1.43	1.65	383	4307	1.92	2.14	2.47	493	5183	3.28	3.65	4.21	728
3642	0.74	0.82	0.95	288	4351	1.00	1.11	1.28	333	5188	4.19	4.66	5.38	750
3643	2.59	2.88	3.32	608	4352	0.88	0.98	1.13	313	5190	3.01	3.34	3.86	681

★ARKANSAS RATES

Code No.	MDC Rate	TIE Rate	FIE Rate	Min. Prem.	Code No.	MDC Rate	TIE Rate	FIE Rate	Min. Prem.	Code No.	MDC Rate	TIE Rate	FIE Rate	Min. Prem.
5191X	1.73	1.93	2.23	461	6251D	7.44	8.28	9.55	750	7350F	18.38	20.45	23.60	750
5192	3.74	4.16	4.80	750	6252D	5.56	6.19	7.14	750	7360	6.59	7.33	8.46	750
5213	6.60	7.35	8.48	750	6260D	4.91	5.47	6.31	750	7370	4.65	5.18	5.97	750
5215	3.94	4.39	5.06	750	6306	5.29	5.89	6.79	750	7380X	3.21	3.57	4.12	716
5221	4.86	5.40	6.23	750	6319	5.16	5.74	6.62	750	7382	2.64	2.94	3.39	618
5222	11.21	12.48	14.39	750	6325	4.31	4.79	5.53	750	7390	3.42	3.81	4.40	750
5223	4.94	5.50	6.34	750	6400	6.46	7.19	8.29	750	7394	10.38	11.55	13.32	750
5348	3.83	4.26	4.92	750	6504	2.23	2.48	2.86	546	7395	11.53	12.83	14.80	750
5402	4.25	4.73	5.45	750	6702	7.17	7.98	9.20	750	7398	18.58	20.68	23.86	750
5403	8.79	9.78	11.28	750	6703	12.82	14.26	16.45	750	7403	2.75	3.06	3.52	636
5437	4.16	4.63	5.34	750	6704	7.96	8.86	10.22	750	7405	1.08	1.21	1.39	448
5443	3.77	4.20	4.84	750	6801F	10.92	12.16	14.02	750	7420X	23.78	26.47	30.53	750
5445	4.73	5.26	6.07	750	6811	4.80	5.34	6.16	750	7421	2.51	2.80	3.23	596
5462	4.99	5.55	6.40	750	6824F	31.46	35.01	40.38	750	7422	2.12	2.36	2.73	528
5472	4.54	5.05	5.82	750	6826F	12.07	13.43	15.49	750	7425	3.93	4.37	5.05	750
5473	6.21	6.91	7.98	750	6834	3.40	3.78	4.36	748	7431	1.60	1.78	2.06	588
5474	6.82	7.59	8.76	750	6836	5.53	6.16	7.10	750	7445	0.58	0.64	0.74	-
5478	4.15	4.61	5.32	750	6843F	14.05	15.63	18.03	750	7453	0.87	0.96	1.11	-
5479	7.34	8.17	9.42	750	6845F	21.31	23.72	27.36	750	7502	2.36	2.62	3.02	568
5480	7.43	8.27	9.53	750	6854	4.80	5.34	6.16	750	7515	1.01	1.13	1.30	335
5491	1.92	2.14	2.47	493	6872F	18.31	20.37	23.50	750	7520	2.14	2.38	2.75	531
5506	3.47	3.86	4.45	750	6874F	37.45	41.68	48.08	750	7538	9.58	10.66	12.30	750
5507	5.22	5.80	6.70	750	6882	4.80	5.34	6.16	750	7539	4.10	4.57	5.27	750
5508D	8.80	9.79	11.30	750	6884	10.84	12.06	13.91	750	7540	2.69	2.99	3.45	626
5535	6.89	7.67	8.85	750	7016	4.26	4.74	5.47	750	7580	1.78	1.98	2.28	468
5537	4.55	5.07	5.84	750	7024	4.74	5.27	6.08	750	7590	4.91	5.47	6.31	750
5551	13.24	14.73	16.99	750	7038	5.38	5.98	6.90	750	7600	2.47	2.75	3.17	588
5606	1.58	1.75	2.02	433	7046	23.64	26.31	30.35	750	7601	11.14	12.40	14.30	750
5610	5.16	5.74	6.62	750	7047	7.63	8.49	9.79	750	7605	3.11	3.46	3.99	698
5645	10.53	11.72	13.52	750	7050	9.61	10.69	12.34	750	7610	0.51	0.56	0.65	248
5651	7.82	8.70	10.04	750	7090	5.97	6.64	7.66	750	7611	4.99	5.55	6.40	750
5703	85.20	94.81	109.37	750	7098	26.27	29.23	33.72	750	7612	11.11	12.37	14.26	750
5705	4.99	5.55	6.40	750	7099	42.32	47.10	54.33	750	7613	4.44	4.94	5.69	750
5951	0.38	0.42	0.48	225	7133	3.25	3.62	4.17	723	7705	2.44	2.72	3.13	583
6003	9.33	10.39	11.98	750	7151	3.94	4.39	5.06	750	7710	5.48	6.09	7.03	750
6005	7.09	7.90	9.11	750	7152	7.07	7.86	9.07	750	7711	5.48	6.09	7.03	750
6017	3.64	4.05	4.67	750	7153	4.39	4.89	5.64	750	7720X	2.44	2.72	3.13	583
6018	1.98	2.20	2.54	503	7222	9.10	10.13	11.69	750	7855	5.90	6.56	7.57	750
6045	2.30	2.56	2.95	558	7228X	6.46	7.19	8.29	750	8001	2.11	2.35	2.71	526
6204	9.29	10.34	11.93	750	7229X	6.78	7.54	8.70	750	8002	3.08	3.43	3.95	693
6206	5.90	6.56	7.57	750	7230	3.81	4.25	4.90	750	8006	1.84	2.04	2.36	478
6213	7.76	8.63	9.96	750	7231	5.06	5.63	6.49	750	8008	1.16	1.29	1.48	360
6214	2.62	2.91	3.36	613	7232	11.94	13.28	15.32	750	8010	1.79	1.99	2.30	471
6216	6.04	6.72	7.75	750	7309F	21.30	23.70	27.34	750	8013	0.46	0.51	0.59	240
6217	4.73	5.26	6.07	750	7313F	6.04	6.72	7.75	750	8015	0.61	0.68	0.78	265
6229	4.68	5.21	6.01	750	7317F	9.55	10.63	12.26	750	8017	1.11	1.24	1.43	353
6233	5.10	5.68	6.55	750	7327F	28.19	31.37	36.19	750	8018X	2.38	2.65	3.06	573
6235	13.57	15.10	17.42	750	7333	5.12	5.69	6.57	750	8021	1.76	1.96	2.26	466
6236	11.17	12.43	14.34	750	7335	5.68	6.32	7.29	750	8031	3.67	4.08	4.71	750
6237	2.86	3.18	3.67	656	7337	9.15	10.18	11.74	750	8032	1.50	1.67	1.93	420

★ARKANSAS RATES

Code No.	MDC Rate	TIE Rate	FIE Rate	Min. Prem.	Code No.	MDC Rate	TIE Rate	FIE Rate	Min. Prem.	Code No.	MDC Rate	TIE Rate	FIE Rate	Min. Prem.
8033	1.79	1.99	2.30	471	8601	0.78	0.87	1.00	295	9019	2.80	3.12	3.60	646
8039	1.30	1.45	1.67	385	8606	2.64	2.94	3.39	618	9033	1.86	2.07	2.39	483
8044	2.62	2.91	3.36	613	8709F	7.57	8.43	9.72	750	9040	3.34	3.71	4.29	738
8045	0.39	0.43	0.50	228	8719	1.78	1.98	2.28	468	9052	1.47	1.64	1.89	415
8046	2.53	2.81	3.25	598	8720	1.29	1.43	1.65	383	9058	1.69	1.88	2.17	453
8047	1.01	1.13	1.30	335	8721	0.38	0.42	0.48	225	9059	2.62	2.91	3.36	613
8058	2.60	2.89	3.34	611	8726F	8.68	9.66	11.15	750	9060	1.72	1.91	2.21	458
8072	0.77	0.85	0.98	293	8734	0.61	0.68	0.78	265	9061	1.31	1.46	1.69	388
8102	2.40	2.67	3.08	576	8737	0.55	0.61	0.70	255	9063	0.94	1.05	1.21	323
8103	3.54	3.94	4.54	750	8738	0.97	1.08	1.24	328	9077F	4.02	4.47	5.16	750
8105	4.58	5.10	5.88	750	8742X	0.45	0.50	0.58	238	9082	1.52	1.69	1.95	423
8106	3.63	4.04	4.66	750	8745	4.34	4.82	5.57	750	9083	1.53	1.70	1.97	425
8107	3.09	3.44	3.97	696	8748	0.39	0.43	0.50	228	9084	1.78	1.98	2.28	468
8111	3.57	3.97	4.58	750	8755	0.25	0.27	0.32	203	9089	1.08	1.21	1.39	348
8116	3.97	4.42	5.10	750	8799	0.91	1.01	1.17	318	9093	1.33	1.48	1.71	390
8203	5.22	5.80	6.70	750	8800	0.91	1.01	1.17	318	9101	2.86	3.18	3.67	656
8204	4.52	5.03	5.81	750	8803	0.07	0.08	0.09	173	9102	2.76	3.07	3.54	638
8209	2.83	3.15	3.64	651	8805	0.32	0.35	0.41	215	9154	1.84	2.04	2.36	478
8215	5.43	6.05	6.97	750	8810	0.23	0.26	0.30	200	9156	1.24	1.38	1.60	375
8227	2.96	3.30	3.80	673	8814	0.27	0.31	0.35	208	9170	2.63	2.93	3.38	616
8232	5.97	6.64	7.66	750	8815	0.51	0.56	0.65	248	9178	24.83	27.63	31.87	750
8233	4.86	5.40	6.23	750	8820	0.20	0.23	0.26	195	9179	34.06	37.90	43.72	750
8235	3.92	4.36	5.03	750	8824	2.34	2.60	3.01	566	9180	3.51	3.91	4.51	750
8263	8.84	9.84	11.35	750	8825	1.99	2.22	2.56	506	9182	2.56	2.85	3.28	603
8264	3.19	3.55	4.10	713	8826	2.11	2.35	2.71	526	9186	50.44	56.14	64.76	750
8265	8.80	9.79	11.30	750	8829	2.54	2.83	3.26	601	9220	3.22	3.59	4.14	718
8279	8.45	9.41	10.85	750	8831	2.49	2.77	3.19	591	9402	4.07	4.53	5.23	750
8288	5.69	6.34	7.31	750	8832	0.26	0.29	0.33	205	9403	5.42	6.03	6.96	750
8291	1.98	2.20	2.54	503	8833X	0.85	0.95	1.09	308	9410	1.66	1.85	2.13	448
8292	2.82	3.14	3.62	648	8835	1.86	2.07	2.39	483	9501	4.16	4.63	5.34	750
8293	6.49	7.22	8.33	750	8842	1.39	1.54	1.78	400	9505	3.61	4.02	4.64	750
8295X	7.09	7.90	9.11	750	8864	1.39	1.54	1.78	400	9516	3.08	3.43	3.95	693
8304	6.53	7.27	8.38	750	8868	0.36	0.40	0.46	223	9519	1.73	1.93	2.23	461
8350	5.38	5.98	6.90	750	8869	0.69	0.77	0.89	280	9521	5.01	5.58	6.44	750
8380	3.37	3.75	4.32	743	8871	0.22	0.24	0.28	198	9522	1.49	1.66	1.91	418
8381	1.42	1.58	1.82	405	8901	0.25	0.27	0.32	203	9534	6.62	7.36	8.50	750
8385	2.28	2.54	2.93	556	9012	1.84	2.04	2.36	478	9554	7.02	7.81	9.02	750
8392	2.85	3.17	3.65	653	9014	2.63	2.93	3.38	616	9586	0.62	0.69	0.80	268
8393	1.62	1.80	2.08	440	9015X	2.28	2.54	2.93	556	9600	1.55	1.72	1.98	428
8500	6.01	6.69	7.72	750	9016	5.90	6.56	7.57	750	9620	1.26	1.40	1.61	378

MISCELLANEOUS VALUES

FARMERS INS. EXCHANGE, TRUCK INS. EXCHANGE & MID-CENTURY INS. COMPANY

Expense Constant - \$160

Experience Rating Eligibility Requirements:

1. \$8,000 average annual premium for the last year or last two years
2. \$4,000 average annual premium for more than two years

Co-partners, Sole Proprietors and Members of Limited Liability – Amount of remuneration to be used for payroll reporting:

★Fixed amount of \$31,900 annually

Executive Officers – Amount of remuneration to be used for payroll reporting:

★\$2,500 maximum and \$300 minimum

Premium Discount Percentages:

"For rules governing the eligibility requirements of the Preferred and Standard rating plans, see the Underwriting rules shown on page 2405."

Premium discounts, as shown below, are applied on accounts generating over \$5,000 in annual standard premium. The actual premium discount is calculated using the tables shown on pages 2438A-2438C. These tables are based on the discounts enumerated below, but will not exactly equal them because of rounding.

First	\$ 5,000	-
Next	95,000	10.9%
Next	400,000	12.6
Over	500,000	14.4

★INDEMNITY AND MEDICAL BENEFITS OPTIONAL DEDUCTIBLES

PREMIUM REDUCTION PERCENTAGES

DEDUCTIBLE AMOUNT

Indemnity Losses Only

Deductible Amount	Hazard Groups						
	A	B	C	D	E	F	G
\$1,000	1.8%	1.4%	1.3%	1.2%	1.1%	0.9%	0.7%
\$1,500	2.5%	1.9%	1.8%	1.7%	1.5%	1.3%	0.9%
\$2,000	3.1%	2.5%	2.3%	2.1%	1.9%	1.5%	1.2%
\$2,500	3.6%	2.9%	2.7%	2.5%	2.2%	1.9%	1.4%
\$3,000	4.1%	3.3%	3.1%	2.9%	2.5%	2.1%	1.6%
\$3,500	4.6%	3.7%	3.5%	3.2%	2.9%	2.4%	1.8%
\$4,000	5.0%	4.1%	3.8%	3.5%	3.1%	2.7%	2.0%
\$4,500	5.4%	4.5%	4.1%	3.8%	3.4%	2.9%	2.2%
\$5,000	5.8%	4.8%	4.4%	4.1%	3.7%	3.1%	2.4%

Medical Losses Only

Deductible Amount	Hazard Groups						
	A	B	C	D	E	F	G
\$1,000	8.4%	6.7%	5.7%	4.7%	4.0%	2.7%	2.0%
\$1,500	10.1%	8.1%	6.9%	5.9%	4.9%	3.4%	2.5%
\$2,000	11.4%	9.2%	7.9%	6.7%	5.7%	3.9%	3.0%
\$2,500	12.5%	10.1%	8.7%	7.4%	6.3%	4.5%	3.3%
\$3,000	13.4%	10.9%	9.5%	8.1%	6.8%	4.9%	3.7%
\$3,500	14.2%	11.7%	10.1%	8.6%	7.3%	5.3%	4.0%
\$4,000	15.0%	12.3%	10.7%	9.1%	7.8%	5.7%	4.3%
\$4,500	15.7%	12.9%	11.2%	9.7%	8.2%	6.0%	4.5%
\$5,000	16.3%	13.4%	11.7%	10.1%	8.6%	6.3%	4.8%

MISCELLANEOUS VALUES (continued)

Deductible Amount	★Total Losses						
	Hazard Groups						
	A	B	C	D	E	F	G
\$1,000	8.7%	6.9%	5.9%	4.9%	4.1%	2.9%	2.1%
\$1,500	10.6%	8.5%	7.3%	6.1%	5.2%	3.6%	2.7%
\$2,000	12.1%	9.8%	8.4%	7.1%	6.1%	4.3%	3.3%
\$2,500	13.4%	10.9%	9.4%	8.1%	6.8%	4.9%	3.7%
\$3,000	14.5%	11.9%	10.3%	8.8%	7.5%	5.5%	4.1%
\$3,500	15.6%	12.7%	11.1%	9.5%	8.1%	6.0%	4.5%
\$4,000	16.5%	13.5%	11.9%	10.3%	8.7%	6.5%	4.9%
\$4,500	17.5%	14.3%	12.5%	10.9%	9.3%	6.9%	5.3%
\$5,000	18.3%	15.1%	13.2%	11.5%	9.9%	7.4%	5.6%

The "Hazard Group" assignments for each rating classification are shown on pages 2439 and 2440. The hazard group assigned to the governing classification is the hazard group to be used in selecting the appropriate premium reduction percentage.

Terrorism Rate per \$100 of payroll:

Mid-Century Insurance Company	0.03
Truck Insurance Exchange	0.03
Farmers Insurance Exchange	0.04

★Rate for Domestic Terrorism, Earthquakes, and Industrial Accidents

Mid-Century Insurance Company	0.01
Truck Insurance Exchange	0.02
Farmers Insurance Exchange	0.02

Premium resulting for this rate is not subject to experience rating, retrospective rating or premium discount. Premium for this charge is added on after the expense constant.